

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Clozaril (Clozapine)

Therapy:

Psychotic disorders: Management of severely ill schizophrenic patients who fail to respond adequately to standard antipsychotic drug treatment

Inclusions:

- A. Approved Diagnosis
 - 1. Schizophrenia
 - 2. Schizoaffective Disorder
 - 3. Organic Psychotic Disorder
 - 4. Treatment Resistant Bipolar Disorder
- B. Failure of two anti-psychotic medications
- C. Laboratory studies
 - 1. CBC with Differential and Platelets
 - 2. Blood Chemistry
 - 3. Liver Function Tests

Exclusions /Contraindications:

- 1. WBC Count less than 3500/mm³
- 2. Total granulocyte count less than 1000/mm³
- 3. Previous Clozapine induced agranulocytosis or severe leukopenia
- 4. Myeloproliferative disorders (e.g. chronic myelocytic leukemia)
- 5. History of seizure disorder
- 6. Active immunosuppression or at risk for immunosuppression
- 7. Use of other neutropenic agents or other agents known to suppress bone marrow function.
- 8. Clinically significant abnormalities in electrolytes, renal function or any of the above mention lab tests
- 9. Significant cardiac, renal, liver, or pulmonary disease

Authorization:

Trial period of three months then every six months with the following:

- 1. Documented efficacy
- 2. WBC above 3000/mm³, total granulocyte count above 1000/mm³ and is free of symptoms of infection suggestive of possible bone marrow suppression
- 3. Benefits continue to outweigh the potential side effects and adverse reactions

Medical Director_____

Date_____